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(FILE 'HOME' ENTERED AT 10:42:08 ON 07 NOV 2006)

FILE 'REGISTRY' ENTERED AT 10:42:24 ON 07 NOV 2006

E GLYCYRRHETIC ACID/CN

L1 1 S E3

FILE 'CAPLUS' ENTERED AT 10:43:59 ON 07 NOV 2006

L2 2506 S L1 OR ARTHRODONT OR BIOSONE OR ENOXOLONE OR GLYCYRRHETIC ACI

L3 2584 S L1 OR ARTHRODONT OR BIOSONE OR ENOXOLONE OR GLYCYRRHETIC(W)A

FILE 'REGISTRY' ENTERED AT 10:53:44 ON 07 NOV 2006

E GLYCYRRHIZIC ACID/CN

L4 1 S E3

FILE 'CAPLUS' ENTERED AT 10:57:28 ON 07 NOV 2006

L5 3435 S L4 OR GLYCYRRHIZIC(W)ACID OR GLYCYRON OR GLYCYRRHETINIC(W)ACI

L6 14 S (L3 OR L4) (L) (EPSTEIN(W)BARR(W)VIRUS OR EBV)

FILE 'USPATFULL, USPAT2' ENTERED AT 11:13:25 ON 07 NOV 2006

L7 69 S L6

L8 0 S (L3 OR L4) (S) (EPSTEIN(W)BARR(W)VIRUS OR EBV)

FILE 'MEDLINE, EMBASE, BIOSIS' ENTERED AT 11:25:14 ON 07 NOV 2006

L9 23 S L7

L10 9 DUP REM L9 (14 DUPLICATES REMOVED)

FILE 'CAPLUS' ENTERED AT 12:16:27 ON 07 NOV 2006

L11 3351 S HEPARIN(5A) (LOW(W)MOLECULAR(W)WEIGHT)

L12 1220 S L11(S) (THROMB?)

L13 506 S L12 NOT PY>=2000

FILE 'USPATFULL, USPAT2' ENTERED AT 12:35:35 ON 07 NOV 2006

L14 152 S L13

L15 152 S L14 NOT PY>=2002

L16 152 S L14 NOT PY>=2000

L13 ANSWER 61 OF 506 CAPLUS COPYRIGHT 2006 ACS on STN

ACCESSION NUMBER: 1999:619321 CAPLUS

DOCUMENT NUMBER: 131:237768

TITLE: Outpatient use of low molecular weight heparin (dalteparin) for the treatment of deep vein thrombosis of the upper extremity

AUTHOR(S): Savage, K. J.; Wells, P. S.; Schulz, V.; Goudie, D.; Marrow, B.; Cruickshank, M.; Kovacs, Michael J.

CORPORATE SOURCE: Univ. Western Ontario, London, ON, Can.

SOURCE: Thrombosis and Haemostasis (1999), 82(3), 1008-1010

CODEN: THHADQ; ISSN: 0340-6245

PUBLISHER: F. K. Schattauer Verlagsgesellschaft mbH

DOCUMENT TYPE: Journal

LANGUAGE: English

AB Upper extremity deep vein thrombosis (DVT) is now recognized as a major cause of morbidity and mortality. There is little information regarding the most effective treatment of this condition. The authors report a prospective cohort study of the use of low mol. weight heparin (LMWH) in the outpatient management of upper extremity DVT. Patients were managed as outpatients for objectively documented upper extremity DVT with dalteparin (200 aXa u/kg), for a min. of 5 days. Warfarin was usually initiated on the 1st day with a target INR of 2.0-3.0. Most patients had an underlying malignancy or a history of a central line. All patients were followed for 12 wk from diagnosis. Only 1 patient had a major bleed. No patients developed pulmonary emboli. 1 Patient had a recurrence of DVT during the treatment with LMWH with extension of the existing thrombus. 7 Patients died, all due to their underlying disease. This study supports the safety and effectiveness of dalteparin in the treatment of upper extremity DVT. Given that these patients were treated as outpatients, there is a potential for huge cost savings.

REFERENCE COUNT: 25 THERE ARE 25 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L13 ANSWER 54 OF 506 CAPLUS COPYRIGHT 2006 ACS on STN

ACCESSION NUMBER: 1999:642318 CAPLUS

DOCUMENT NUMBER: 131:237408

TITLE: Low-molecular-weight heparins in the management of acute coronary syndromes

AUTHOR(S): Zed, Peter J.; Tisdale, James E.; Borzak, Steven

CORPORATE SOURCE: CSU Pharmaceutical Sciences, Vancouver Hospital and Health Sciences Center, and the Faculty of Pharmaceutical Sciences, University of British Columbia, Vancouver, BC, Can.

SOURCE: Archives of Internal Medicine (1999), 159(16), 1849-1857

CODEN: AIMDAP; ISSN: 0003-9926

PUBLISHER: American Medical Association

DOCUMENT TYPE: Journal; General Review

LANGUAGE: English

AB A review with 89 refs. Acute coronary syndromes (unstable angina and non-Q-wave myocardial infarction) are caused by the rupture of an atherosclerotic plaque, platelet activation, and fibrin deposition resulting in thrombosis. Aspirin and unfractionated heparin have traditionally been the treatments of choice for patients with acute coronary syndromes. Low-mol.-wt. heparins offer potential advantages over unfractionated heparin, having proven equally effective for the treatment and prevention of many thromboembolic processes. Recently, a number of randomized controlled trials have been conducted to evaluate the role of low-mol.-weight heparins in the management of patients with unstable angina or non-Q-wave myocardial infarction. The purpose of this article is to review and evaluate the available literature on the use of low-mol.-weight heparins in the management of acute coronary syndromes to establish their role in therapy.

L13 ANSWER 93 OF 506 CAPLUS COPYRIGHT 2006 ACS on STN

ACCESSION NUMBER: 1999:149333 CAPLUS

DOCUMENT NUMBER: 130:332537

TITLE: Occurrence of thrombosis and hemorrhage, relationship with anti-Xa, anti-IIa activities, and D-dimer plasma levels in patients receiving a low molecular weight

heparin, enoxaparin or tinzaparin, to prevent deep vein thrombosis after hip surgery

AUTHOR(S): Bara, Lucienne; Planes, Andre; Samama, Meyer-Michel  
CORPORATE SOURCE: Laboratoires de Thrombose Experimentale, Universite Pierre et Marie Curie, Paris, 75270, Fr.

SOURCE: British Journal of Haematology (1999), 104(2), 230-240  
CODEN: BJHEAL; ISSN: 0007-1048

PUBLISHER: Blackwell Science Ltd.

DOCUMENT TYPE: Journal

LANGUAGE: English

AB Studies in exptl. animal models and in patients receiving low-mol.-wt. heparin (LMWH) to prevent thromboembolic events after surgery have not demonstrated a clear relationship between anti-Xa and anti-IIa activities in plasma and either bleeding or prevention of thrombosis. The relationship between these clin. outcomes and ex vivo anti-Xa and anti-IIa activities, activated partial thromboplastin time (APTT) and D-dimers were evaluated in 440 patients undergoing total hip replacement and given prophylaxis once daily with a LMWH (tinzaparin or enoxaparin) in a multicenter double-blind randomized study. Two hundred twenty-one patients received 4500 anti-Xa IU of tinzaparin; 219 patients received 40 mg (4000 anti-Xa IU) of enoxaparin. Both regimens were administered s.c. once daily. Blood samples for anti-IIa, anti-Xa, D-dimers levels and APTT were taken at baseline, on day 1, day 5 and on the day of discharge (days 8-14) and clin. assessments were performed daily until day 14. All patients had bilateral venog. between days 8 and 14. All coagulation tests were performed in central labs. A significant correlation was observed between anti-IIa activity and anti-Xa activity and the dose of each LMWH injected. The anti-Xa activity was significantly higher with enoxaparin and the anti-IIa activity was significantly higher with tinzaparin. No clear relationship between these two activities and the clin. outcomes was observed. This was also true with regards to APTT. Before and after surgery, D-dimers were significantly higher in patients with deep vein thrombosis (DVT) than in those without DVT but had no predictive value. Interestingly, a significant post-operative increase of D-dimers persisted in both groups of patients during the whole observation period, possibly suggesting that a longer duration of prophylactic treatment may be appropriate.

L13 ANSWER 100 OF 506 CAPLUS COPYRIGHT 2006 ACS on STN

ACCESSION NUMBER: 1999:100328 CAPLUS

DOCUMENT NUMBER: 130:133562

TITLE: Outpatient therapy with low-molecular-weight heparins.  
New perspectives for treatment of deep vein thrombosis

AUTHOR(S): Bueller, H. R.

CORPORATE SOURCE: Div. Vascular Med., Acad. Med. Cent., Univ. Amsterdam, Amsterdam, 1100 DD, Neth.

SOURCE: Haemostasis (1998), 28(Suppl. 3), 91-94

CODEN: HMTSB7; ISSN: 0301-0147

PUBLISHER: S. Karger AG

DOCUMENT TYPE: Journal; General Review

LANGUAGE: English

AB S.c. administration of low-mol.-wt.

heparin (LMWH) has been demonstrated to be as safe and effective for treatment of acute venous thrombosis as conventional treatment with unfractionated heparin, which requires i.v. infusion. In addition, LMWHs appear to provide an improved quality of life for patients with less impairment of phys. activity. The ease of administration of LMWHs could be exploited in the clin. management of patients to increase the extent of LMWH outpatient therapy and reduce the number of hospitalizations for venous thrombosis, thus providing a more cost-effective therapy than conventional heparin. Efficient support services, patient education and careful follow up will be required for home treatment to be successful. This article is reviewed by 7 refs.

REFERENCE COUNT: 7 THERE ARE 7 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT